



TRAFFIC ENGINEERING DIVISION

## Maintenance of Traffic Submittal Form

Date \_\_\_\_\_ Broward County Permit Number (if required) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Office # \_\_\_\_\_

Mobile # \_\_\_\_\_ Fax # \_\_\_\_\_

24 Hr Emergency contact name and number \_\_\_\_\_

Name of Contractors working under this approval: \_\_\_\_\_

\_\_\_\_\_

Location of Project: \_\_\_\_\_

Project Boundaries, From \_\_\_\_\_ To \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date: \_\_\_\_\_

Any Certification must be from an approved FDOT Provider with the following information: Name, course category (Intermediate BT-05-0078, Advance BT-05-0079), certificate number and certificate expiration. A copy of the certifications shall be included with every MOT submittal.

\_\_\_\_\_  
(Print Name of Certified Person Submitting MOT) (Level) (Signature) (Date)

\_\_\_\_\_  
(Print Name of Certified Person Setting Up MOT) (Level) (Signature) (Date)

\_\_\_\_\_  
(Print Name of Certified Person Maintaining MOT) (Level) (Signature) (Date)

\_\_\_\_\_  
(Print Name of Certified Person in Charge of Flagging Operation MOT) (Level) (Signature) (Date)

Certified Signal Contractors Name \_\_\_\_\_  
(This will be required if the loop(s) will be damaged or a signal modification is required)

Certified Signal Contractors Phone # \_\_\_\_\_

Number of attached pages: \_\_\_\_\_